

# **HSR&D** **Research Briefs**

TRANSLATING  
RESEARCH  
INTO PRACTICE

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## Highlights and Publications from Completed Studies

### Importance of lipid measurement for patients with IHD

Ischemic heart disease (IHD) is the leading cause of death in the United States for both men and women, with \$100 billion in direct and indirect costs. It is also one of the most frequent indications for hospitalization within VHA. Because IHD is a serious, highly prevalent disease among veterans and in the nation, it is one of nine conditions that are the focus of VA's Quality Enhancement Research Initiative (QUERI) – a multidisciplinary, data-driven, national quality improvement program. The IHD-QUERI group works to reduce the gap between guideline recommended therapies and actual VA practice, thus improving the quality of care and health outcomes for veterans with ischemic heart disease.

Nationally developed evidence-based clinical guidelines for the treatment of IHD do exist and can benefit patients. For example, adherence to guideline recommendations for control of serum low-density lipoproteins (LDL) has been shown to reduce overall costs and the probability of recurrent ischemic events and death in patients with IHD. IHD-QUERI investigators recently completed a project designed to define variations in existing practice patterns and outcomes regarding lipid measurement and management, with the long-term objective of improving lipid guideline compliance. This is the largest study of its kind conducted in VA to date, with data examined on more than 41,000 patients with IHD in several Veterans Integrated Service Networks (VISNs).

*Continued on next page*

Welcome to the first issue of *VA HSR&D Research Briefs*, which will be published twice a year in November and June.

It is our goal to keep you informed and up to date about HSR&D activities and findings; we hope you will find this to be a useful summary.

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 **HSR&D**  
Health Services Research & Development Service



Researchers found that, on average, 66 percent of patients with IHD in the 24 medical centers participating in this study have current test results measuring LDL available through lab records. However, this varied across the VISNs, and the variation across medical centers was even higher (38 to 82 percent). Further, while the percentage of patients receiving some kind of lipid-lowering agent (LLA) to lower LDL was similar across the VISNs (56 to 58 percent), the range of LLA treatment across facilities was again higher (35 to 68 percent). Finally, the proportion of IHD patients who have attained the guideline-recommended LDL goal also varied across the VISNs, with greater variation across medical centers.

The researchers concluded that there is a significant gap between guideline-recommended levels of LDL measurement and treatment with LLAs. The range of rates of testing and LLA treatment at the facility level, in particular, offers the opportunity for discovering ways to improve care for veterans with ischemic heart disease.

VA HSR&D Research Briefs is a biannual publication of the Office of Research and Development's Health Services Research and Development Service. Each issue will provide summary information about recently completed research projects and publications, as well as descriptions of new initiatives, solicitations, newly funded studies and other items of interest to a broad VA audience. For more information or to provide us with your questions or suggestions, please contact:

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**Principal Investigator:** Anne Sales, MSN, PhD

**Project Number:** IHS 99233-1

*Sloan KL, Sales AE, Willems JP, Every NR, Martin GV, Sun H, Pineros S, Sharp N. Frequency of serum low-density lipoprotein cholesterol measurement and frequency of results  $\leq 100$  mg/dl among patients who had coronary events (Northwest VA Network Study). Am J Cardiol 2001; 88: 1143-46.*

## Nurse counseling increases physical activity in elderly patients

Many elderly patients are at high risk for health complications and functional impairment due to low levels of physical activity. This study sought to determine if nurse telephone counseling could assist elderly patients in establishing and maintaining a regular walking program. In this randomized clinical trial, sixty to eighty year-old patients were referred to a walking program by their primary care providers. Over one year, all participants received one of the following interventions: 20 calls initiated by a nurse, 10 calls initiated by a nurse and 10 by an automated telephone message delivery system, or no follow-up calls.

Results of the study showed that more than half of the study participants began a walking program, and that during the maintenance phase (7 to 10 months), both phone contact groups walked more than controls with no phone contacts. Findings also suggest that nurse counseling not only increases walking, it also produces significant improvements in measures associated with disease/disability risk. In addition, automated calls can substitute for at least half the personal calls without loss of efficacy.

**Principal Investigator:** Patricia M. Dubbert, PhD

**Project Number:** NRM 95-022

*Dubbert PM, Meydrech EF, Kirchner KA, Cooper KM, Bilbrew DE. Provider advice and walking for exercise in elderly primary care patients. Federal Practitioner 2001; 18: 39-56.*



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## Effects of clinical guidelines on pressure ulcer care in nursing homes

Pressure ulcers are a common medical problem associated with considerable morbidity, particularly for patients with long-term care needs such as those in nursing homes. Practice guidelines on the prevention of pressure ulcers have been widely disseminated, and these guidelines have been successfully implemented in some VA nursing homes. This HSR&D study sought to identify how these facilities accomplished successful implementation so that pressure ulcer care may be improved system-wide. Investigators studied 36 VA nursing homes. Combining surveys with reviews of medical records and administrative databases, they reviewed organizational features such as culture, hospital policies, and employee control systems.

Findings show that 79 percent of nursing home employees are familiar with clinical guidelines, but rates for adherence with guidelines ranged from 29 to 51 percent. Adherence with guideline recommendations was highest for systematic skin inspection (94%) and lowest for educating patients and families about pressure ulcers (1%). Findings also show that quality improvement implementation was significantly more likely to occur at nursing homes with an organizational culture that emphasizes innovation and teamwork. In addition, pressure ulcer development was significantly higher in nursing homes that had recently either reduced staffing or changed their staff mix (e.g., nursing aides and licensed practical nurses replacing registered nurses). Quality improvement implementation is thus associated with staff reported guideline adoption, employee satisfaction, and a trend toward improved patient outcomes.

**Principal Investigator:** Dan R. Berlowitz, MD, MPH

**Project Number:** CPG 97-012

Berlowitz DR, Young GJ, Brandeis GH, Kader B, Anderson JJ. Health care reorganization and quality of care: unintended effects on pressure ulcer prevention. *Med Care* 2001; 39: 138-46.

Berlowitz DR, Bezerra HQ, Brandeis GH, Kader B, Anderson JJ. Are we improving the quality of nursing home care: the case of pressure ulcers. *J Am Geriatr Soc* 2000; 48: 59-62.

Berlowitz DR, Anderson JJ, Brandeis GH, Lehner LA, Brand HK, Ash AS, Moskowitz MA. Pressure ulcer development in the VA: characteristics of nursing homes providing best care. *Am J Med Qual* 1999; 14: 39-44.

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## Study looks at factors predicting survival among amputation and bypass patients

VA performs about 10 percent of major lower extremity amputation surgery annually for men in the United States. Despite a number of innovative VA programs such as diabetic foot clinics and aggressive secondary prevention regarding smoking cessation, diet, and exercise, a significant number of older veterans with late stage vascular disease progress to limb-threatening ischemia, resulting in either lower bypass surgery or amputation. HSR&D researchers recently examined postoperative mortality and late survival in veterans undergoing above or below knee amputation or femorodistal bypass surgery as a result of advanced peripheral vascular arterial disease (PAD) and/or diabetes. Researchers were then able to develop risk indices predictive of 30-day mortality and longer term survival for these patients.

Investigators utilized data from the National VA Surgical Quality Improvement Program (NSQIP), a well-established program designed to provide reliable, valid and comparative information about surgical outcomes. NSQIP data on 4,061 patients who underwent above or below knee amputations, and 4,288 patients who had bypass surgery at 79 VA hospitals between 1991 and 1995 was examined.



This information was then linked to data from the Patient Treatment File and the VA Beneficiary Identification and Retrieval Locator System Death File to examine mortality, complications, disease progression, and late survival outcomes for these veterans.

Findings from the study of these extensive data show that the 30-day postoperative mortality rate was 2.1% for distal bypass patients, 6.3% for below knee amputations, and 13.3% for above knee amputations. Eight risk factors were found to be predictive of 30-day mortality across operations. Only 33.3% of patients receiving above or below knee amputation between 1991 and 1995 survived through March 1999; investigators identified 22 significant preoperative risk factors which best predicted these patients' longer-term survival. In comparison, 55.4% of bypass patients survived, but 26.7% underwent subsequent above or below knee amputation. Seventeen risk factors were found to be significant predictors of amputation-free survival. Details about all significant risk factors can be found in the articles listed below.

These results may provide better prognostic information to assist clinicians in both their decision-making and communication with patients and their families about primary amputation versus revascularization. Additionally, evidence exists that revascularization procedures vary by region and hospital capacity, and bear little relationship to underlying severity of disease. These results suggest that primary amputation rates should be reviewed at each institution, particularly for those patients with a relatively favorable risk profile, as these data may be useful as benchmarks for quality improvement and disease management efforts for this high-risk, high-cost patient population.

**Principal Investigator:** William H. Pearce, MD

**Project Number:** IIR 97-075

*Feinglass J, Pearce WH, Martin GJ, Gibbs J, Cowper D, Sorenson*

*M, Henderson WG, Daley J, Khuri S. Postoperative and late survival outcomes after major amputation: findings from the Department of Veterans Affairs National Surgical Quality Improvement Program. Surgery 2001; 130: 21-9.*

*Feinglass J, Pearce WH, Martin GJ, Gibbs J, Cowper D, Sorenson M, Khuri S, Daley J, Henderson WG. Postoperative and amputation-free survival outcomes after femorodistal bypass grafting surgery: findings from the Department of Veterans Affairs National Surgical Quality Improvement Program. J Vasc Surg 2001; 34: 283-90.*

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## Assessing post-stroke rehabilitation care

Stroke is one of the most costly, deadly and disabling diseases. Approximately 70 percent of all stroke survivors receive some type of rehabilitation, but the effectiveness of rehabilitation services has received little critical evaluation. In addition, stroke guidelines have never been evaluated for effects on patient outcomes.

In a two-year HSR&D study, nearly 300 patients at 11 VA medical centers across the country were evaluated immediately following stroke and again six months later. Patients in this study were moderately impaired by stroke, and were believed to be prime candidates for well-organized rehabilitation programs. Investigators examined several variables affecting patient care including facility structure (e.g., type of facility), patterns of service (i.e., acute services only, or acute services and rehabilitation care), and process of care (degree of compliance with AHCPR guidelines for stroke rehabilitation).

Findings from this study showed that 27 percent of the patients received no post-acute care, 32 percent received low-level rehabilitation care, and 41 percent received high level care. Those individuals who received inpatient post-acute rehabilitation in VA rehabilitation bedservice units, GEM units, or non-VA private sector acute rehabilitation had significantly higher compliance scores than patients receiving post-acute care in nursing homes. Results



also indicate that the level of compliance with post-acute rehabilitation guidelines was significantly associated with patient functional recovery but was not related to either mortality or physical health-related quality of life. However, compliance with AHCPR post-acute guidelines was associated with patient satisfaction at 6 months post-stroke. This study demonstrates variability in the structure and process of stroke care for veterans, and supports the use of guidelines as a means of assessing quality of care and improving outcomes.

**Principal Investigator:** Pamela W. Duncan, PhD  
**Project Number:** ACC 97-114

Hoenig H, Sloane R, Horner RD, Zolkewitz M, Duncan PW, Hamilton BB. A taxonomy for classification of stroke rehabilitation services. *Arch Phys Med Rehabil* 2000; 81: 853-862.

LaClair BJ, Reker DM, Duncan PW, Horner RD, Hoenig H. Stroke care: A method for measuring compliance with AHCPR guidelines. *Am J Phys Med Rehabil* 2001; 80: 235-242.

Reker DM, Hamilton BB, Duncan PW, Yeh SC, Rosen A. Stroke: Who's counting what? *J Rehabil Res Dev* 2001; 38: 281-289.

Reker DM, Hoenig H, Zolkewitz MA, Sloane R, Horner RD, Hamilton BB, Duncan PW. The structure and structural effects of VA rehabilitation bedservice care for stroke. *J Rehabil Res Dev* 2000; 37: 483-91.

Please take a moment and tell us what you think about VA HSR&D Research Briefs by sending an email to us at: MDRC.boston@med.va.gov. Your comments and suggestions will guide us in our efforts to provide you with important HSR&D information in future issues.

## Two New Centers of Excellence and New QUERI Center

### Center for Health Equity Research and Promotion

Established in July 2001, the Center for Health Equity Research and Promotion's mission is to reduce disparities in health and health care among vulnerable groups of veterans, including racial/ethnic minorities and the homeless. Researchers will develop and support research, education, policy making, and dissemination that focuses on disparities related to race/ethnicity, socioeconomic status, and comorbid illness in patients with conditions prevalent in the veteran population, such as cardiovascular disease, HIV, and alcohol and substance abuse.

Two VA medical centers – VA Pittsburgh Healthcare System and the Philadelphia VA Medical Center – have partnered to form this new Center of Excellence, which is affiliated with the University of Pittsburgh and the University of Pennsylvania. The Center is directed by Michael Fine, MD, MSc of the VA Pittsburgh Healthcare System and is co-directed by David Asch, MD, MBA of the Philadelphia VAMC. Center affiliations bring together the Center of Excellence on Minority Health at the University of Pennsylvania and the Center for Minority Health at the University of Pittsburgh. This collaboration presents a unique opportunity for VA to complement research funding on health disparities with other Federal agencies and private foundations and to advance this important area of study.





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## Rehabilitation Outcomes Research Center

The Rehabilitation Outcomes Research Center for Veterans with Central Nervous System Damage is the first VA Center that addresses rehabilitation outcomes research and is the first Center jointly funded by HSR&D and Rehabilitation R&D services. Co-directed by Pamela W. Duncan, PhD and Stephen E. Nadeau, MD, the Center is located at the North Florida/South Georgia VA Health Care System. Integrating the skills of both rehabilitation and health services researchers, the Center also will collaborate with investigators at the University of Florida in Gainesville.

The Center will focus on veterans who have suffered central nervous system damage (CNS) as the result of a stroke. Its mission is to enhance access to, and the quality and efficiency of rehabilitation services through interdisciplinary research and dissemination activities. The Center plans to develop a national database of outcomes for individuals with stroke, develop and test outcomes related to newly emerging rehabilitation therapies, and provide scientific evidence that will promote informed clinical policy in rehabilitation.

Initially, the Center will focus on three areas:

- evaluating, developing, and integrating clinical and administrative data to evaluate the structure, process, and outcomes of rehabilitation services;
- advancing outcomes measurement in CNS damage and rehabilitation; and
- evaluating emerging therapies and technologies.

Through this work, the Center will help to optimize care and functional recovery for veterans with CNS damage, thus enhancing the quality of their lives and ability to function.

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## Cancer QUERI Funded in Collaboration with NCI

The Quality Enhancement Research Initiative (QUERI) is a multidisciplinary, data-driven national quality improvement program. Designed to translate research into optimal patient care and systems improvements, QUERI currently focuses on eight priority conditions: chronic heart failure, diabetes, HIV/AIDS, ischemic heart disease, mental health, spinal cord injury, stroke, and substance abuse. Joining these groups is the new Cancer QUERI.

With a focus on colorectal cancer (CRC), the Cancer QUERI Center is a collaborative effort between HSR&D and the National Cancer Institute, as part of NCI's Quality of Cancer Care Initiative. Established in August 2001 at the Minneapolis VA Medical Center, Cancer QUERI's mission is to translate findings and evidence-based best practices related to colorectal cancer prevention, diagnosis, and treatment into patient outcome and system improvements. Specific goals are to reduce the incidence, burden, and costs associated with CRC among the veteran population. Cancer QUERI is led by Research Coordinator Michelle vanRyn, PhD, MPH and Clinical Coordinator John H. Bond, MD.

As the second leading cause of death from cancer and the third most common type of cancer, the 5-year survival rate is over 90 percent when colorectal cancer is diagnosed in its earliest stage. However, less than one-third of these cases are detected early. Thus, the first priority of Cancer QUERI is translating research to promote best practices designed to improve CRC screening and colonoscopic follow-up. A second priority will be enhancing the quality of CRC treatment and end-of-life care. For more information on this exciting initiative, visit the QUERI website at <http://www.hsr.d.research.va.gov/queri.cfm>



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## New HSR&D Research Enhancement Award Program

In May, HSR&D announced funding approval for several projects under its new Research Enhancement Award Program (REAP) initiative. Funds provided under this initiative are for the creation of a core program of investigators, statisticians, economists, and other social scientists to support and facilitate the development of HSR&D research projects and the training and mentoring of new HSR&D investigators. The goal of this program is to increase HSR&D capacity by assisting VA sites that already show promise, as demonstrated by a history of HSR&D peer reviewed research and career development funding. Groups of investigators who are eligible for funding are those located at VA medical centers that do not contain and are not affiliated with an HSR&D Center of Excellence.

Following is a short description of the first projects to receive HSR&D REAP funding.

### **Patient Safety: Safe Mobility for Frail Elderly and Persons with Disabilities**

Audrey Nelson, PhD, RN  
Tampa VAMC

Funding Period: May 2001 – April 2006

This project supports a natural link between clinical innovations in the Patient Safety Center of Inquiry, located at the Tampa VAMC, and needed health services research in the area of patient safety. The research agenda will focus on testing fall interventions that are multi-faceted, and targeted for specific patient population groups or specific impairment levels, across the care continuum. Researchers will investigate the dose and timing of

interventions to provide the best outcomes and will clearly specify patient populations. Outcome measures include balance, postural sway, fall prevention, injuries due to falls, and other adverse events such as fear of falling, restriction of activity or poor quality of life.

### **Center for Quality Improvement Research**

David C. Aron, MD  
Cleveland VAMC

Funding Period: July 2001 – September 2006

This REAP will be designated as the Center for Quality Improvement Research at the Cleveland VAMC. The Center will focus on explorations related to improvement in the management of patients with chronic illness, such as diabetes and cancer. This work will center on two research objectives: to conduct research on health care quality and quality improvement and to develop methods to characterize important quality and cost issues related to the improvement of health care delivery and outcomes in chronic illness. Proposed pilot projects include studying two improvement methods applied to health care delivery for diabetes, and the development of measures to improve screening for prostate cancer and management of complications of prostate cancer surgery.

### **Program for Interdisciplinary Research in Health Care Organization**

Gary E. Rosenthal, MD  
Iowa City VAMC

Funding Period: May 2001 – April 2006

The primary mission of this project is to develop an interdisciplinary, multi-method program that will conduct cutting-edge research in the organization and delivery of VA care. Researchers will seek to: identify fundamental organizational features and structures that optimize health care delivery and apply this knowledge to develop, test, and disseminate novel interventions to improve health care access, quality and costs in a variety of health care settings. Methodological cores will be

developed in four key disciplines: qualitative research, hierarchical biostatistics, nursing systems and interventions, and health economics.

### **Information Management for Patient-Centered Treatment (IMPACT)**

William M. Tierney, MD  
Roudebush VAMC, Indianapolis  
Funding Period: May 2001 – April 2006

The theme of this project is the development and testing of strategies for capturing and organizing clinically relevant data to improve the delivery of routine clinical care. IMPACT will have the following research foci: collecting patient-centered data, integrating these data and other relevant clinical information into a state of the art electronic medical record system, and using these combined data to improve clinicians' decisions and patients' outcomes. This project will also work towards developing new research protocols to improve the management of chronic conditions, initially targeting heart disease, cancer, diabetes, and stroke, and demonstrating the utility of new approaches to assessing and improving patient-centered outcomes.

### **Enhancing VA Health Services Research in Patient Centered Care**

Samuel A. Bozzette, MD  
VA San Diego Healthcare System  
Funding Period: July 2001 – June 2006

This REAP will establish a new Section within the Research Service of the VA San Diego Healthcare System, to be focused on Patient-Oriented Care. The Section will operate a broad, rigorous program of research and training on how better to optimize care by: accommodating patient needs and preferences for the organization, availability, content, outcomes, efficiency, and safety of care, and engaging patients in decision making and self-care, particularly for chronic, serious, or terminal disease.

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## Newly Funded Research Projects

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### **Investigator-Initiated Research**

#### **Medications in Chronic Heart Failure and Relationship to Quality of Life**

Lewis Kazis, ScD  
Bedford VAMC  
Funding Period: July 2001 – June 2003

#### **Quality of Medical Care for Diabetics with Mental Illness**

Susan Frayne, MD, MPH  
Bedford VAMC  
Funding Period: July 2001 – June 2003

#### **Evaluating Health Outcomes of Veterans in VA and Community Nursing Homes**

Dan R. Berlowitz, MD, MPH  
Bedford VAMC  
Funding Period: July 2001 – June 2003

#### **Quality of Mental Health Care and Suicide Risk in Psychiatric Patients**

Rani A. Desai, PhD  
West Haven VAMC  
Funding Period: April 2001 – March 2003

#### **Development and Application of a Psychiatric Case-Mix Measure for the VA**

Amy K. Rosen, PhD  
Bedford VAMC  
Funding Period: April 2001 – March 2004

#### **Improving Substance Abuse Treatment Aftercare Adherence and Outcome**

Steven J. Lash, PhD  
VAMC-Salem, Va.  
Funding Period: August 2001 – June 2003

#### **Economic Impact of Guidelines for Gastroesophageal Reflux Disease**

John M. Inadomi, MD  
Ann Arbor VAMC  
Funding Period: July 2001 – June 2003



**VA Enrollees' Demand for VA and non-VA Care**

Ann M. Hendricks, PhD

Bedford VAMC

Funding Period: April 2001 – September 2003

**Determinants of VA Ambulatory Care Use among Native American Veterans**

Valentine Villa, PhD

West Los Angeles VAMC

Funding Period: July 2001 – June 2003

**Creating Safety and Reducing Medical Errors with Bar Coding**

Marta L. Render, MD

Cincinnati VAMC

Funding Period: July 2001 – June 2003

**Determinants of Treatment Retention for Veterans with Psychoses**

Frederic C. Blow, PhD

Ann Arbor VAMC

Funding Period: July 2001 – June 2004

**An Evaluation of Home-Based Telemedicine Services**

Faith Hopp, PhD

Ann Arbor VAMC

Funding Period: July 2001 – June 2004

**Evaluation of a Nurse Case Management Model for Chronic Heart Failure**

Mark R. Starling, MD

Ann Arbor VAMC

Funding Period: July 2001 – April 2005

**Well-Being among Veterans Enhancement Study (WAVES)**

Edmund Chaney, PhD

VA Puget Sound Health Care System

Funding Period: October 2001 – September 2004

**Stakeholder Perspectives on Sustaining Involvement in Schizophrenia Care**

Ellen P. Fischer, PhD

Central Arkansas Veterans Health Care System

Funding Period: September 2001 – September 2004

**Unexpected Clinical Events: Impact on Patient Safety**

Matthew B. Weinger, MD

San Diego VAMC

Funding Period: July 2001 – June 2004

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**Service-Directed Research****The eXpedient Psychometric Education Research Team**

Kimberly Wristers, PhD

Houston VAMC

Funding Period: July 2001 – June 2004

**Development of Measures of Organizational Characteristics and Processes**

Martin P. Charns, DBA

VA Boston Healthcare System (MDRC)

Funding Period: July 2001 – September 2002

**Race in VA Cooperative Studies Projects**

Eugene Z. Oddone, MD, MHSc

Durham VAMC

Funding Period: July 2001 – June 2002

**Creating a VA Health Care Atlas**

Maude Rittman, PhD, RN

Gainesville VAMC

Funding Period: September 2001 – February 2003

**Evaluating Non-Mandatory Workload and Optimizing Staffing**

Joseph B. Engelhardt, PhD

VA Upstate New York Health Care Network

Funding Period: June 2001 – August 2003

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**Nursing Research Initiative****The Diagnostic Validity of Three Quantitative Swab Techniques**

Sue Gardner, PhD, RN

Iowa City VAMC

Funding Period: July 2001 – June 2004

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**Service Directed Projects****Reducing Readmission Rates in Patients with CHF**

Nelda P. Wray, MD, MPH

Houston VAMC

Funding Period: April 2001 – March 2003

**Mental Health QUERI Translation Plan to Improve Antipsychotic Treatment**

Richard R. Owen, MD

Central Arkansas Veterans Health Care System

Funding Period: April 2001 – March 2003



### **Improving Access to Effective Opioid Agonist Therapy**

Mark L. Willenbring, MD  
Minneapolis VAMC

Funding Period: April 2001 – March 2003

### **A Custom Approach to Implementation of Diabetes Hypertension Guidelines**

Julie C. Lowery, PhD  
Ann Arbor VAMC

Funding Period: July 2001 – March 2003

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## New Career Development Awardees

HSR&D Career Development awards provide VA clinician researchers with full salary support to enable them to pursue health services research training and experience, with minimal clinical responsibilities, under the guidance of an experienced mentor. Career Development awardees are required to commit at least 75% of their time to health services research activities and are not permitted to hold major administrative positions during the period of their award. Following is a list of the most recent awardees, their locations, and areas of research interest to be pursued through the Career Development award.

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### Research Career Development Awardees

#### **David Hsiang-Shan Au, MD, MS**

VA Puget Sound Health Care System  
Health Outcomes, Status and Quality of Care among Patients with COPD

#### **Dawn M. Bravata, MD**

West Haven VAMC  
Quality Evaluation in Stroke and TIA (QUEST)

#### **Marian I. Butterfield, MD, MPH**

Durham VAMC  
Gender Differences in HIV, HBV, HCV Infections and Associated Risks in Veterans with Severe Mental Illness

#### **David J. Casarett, MD, MA**

Philadelphia VAMC  
Improving the Quality of Informed Consent for Veterans

#### **Hashem B. El-Serag, MD, MPH**

Houston VAMC  
Clinical Outcomes and Resource Utilization in Gastrointestinal Disease

#### **Paul M. Haidet, MD, MPH**

Houston VAMC  
Understanding Ethnic Variation in Doctor-Patient Communication

#### **Helen C. Kales, MD**

Ann Arbor VAMC  
Complexity in Geriatric Depression: The Impact of Confounding Factors on Outcomes

#### **David F. Penson, MD**

VA Puget Sound Health Care System  
The Impact of Erectile Dysfunction on Veterans' Quality of Life

#### **Sanjay Saint, MD, MPH**

Ann Arbor VAMC  
Enhancing Patient Safety by Preventing Catheter-Related Infection

#### **Constance R. Uphold, PhD, ARNP**

Gainesville VAMC  
Age-Related Variations in Outcomes of HIV-Infected Patients

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### Advanced Research Career Development Awardees

#### **Sandeep Vijan, MD, MS**

Ann Arbor VAMC  
Optimizing Diabetes Care: Maximizing Quality, Minimizing Risk

#### **Alexander S. Young, MD, MSHS**

West Los Angeles VAMC  
Improving the Quality of Care for Schizophrenia



## Recent Publications

Au DH, Curtis JR, Psaty BM. Risk of myocardial ischaemia and beta-adrenoceptor agonists. *Ann Med* 2001; 33: 287-90.

Barrett JE, Williams Jr JW, Oxman TE, Frank E, Katon W, Sullivan M, Hegel MT, Cornell JE, Sengupta AS. Treatment of dysthymia and minor depression in primary care: a randomized trial in patients aged 18 to 59 years. *J Fam Pract* 2001; 50: 405-12.

Bastian LA, Lipkus IM, Kuchibhatla MN, Weng HH, Halabi S, Ryan PD, Skinner CS, Rimer BK. Women's interest in chemoprevention for breast cancer. *Arch Intern Med* 2001; 161: 1639-44.

Bastian LA, Owens SS, Kim H, Barnett LR, Siegler IC. Cigarette smoking in veteran women: the impact of job strain. *Womens Health Issues* 2001; 11: 103-9.

Branch WT Jr, Kern D, Haidet P, Weissmann P, Gracey CF, Mitchell G, Inui T. The patient-physician relationship. Teaching the human dimensions of care in clinical settings. *JAMA* 2001; 286: 1067-74.

Buffum MD, Miaskowski C, Sands L, Brod M. A pilot study of the relationship between discomfort and agitation in patients with dementia. *Geriatr Nurs* 2001; 22: 80-5.

Chen S, Wagner TH, Barnett PG. The effect of reforms on spending for veterans' substance abuse treatment, 1993-1999. *Health Aff (Millwood)* 2001; 20: 169-75.

Deswal A, Misra A, Bozkurt B. The role of anti-cytokine therapy in the failing heart. *Heart Fail Rev* 2001; 6: 143-51.

Deswal A, Petersen NJ, Feldman AM, White BG, Mann DL. Effects of vesnarinone on peripheral circulating levels of cytokines and cytokine receptors in patients with heart failure: a report from the Vesnarinone Trial. *Chest* 2001; 120: 453-9.

Deswal A, Petersen NJ, Feldman AM, Young JB, White BG, Mann DL. Cytokines and cytokine receptors in advanced heart failure: an analysis of the database from

the Vesnarinone Trial (VEST). *Circulation* 2001; 103: 2055-59.

Diehr P, Patrick DL, Spertus J, Kiefe CI, McDonnell M, Fihn SD. Transforming self-rated health and the SF-36 scales to include death and improve interpretability. *Med Care* 2001; 39: 670-80.

Dubbert PM, Meydrech EF, Kirchner KA, Cooper KM, Bilbrew DE. Provider advice and walking for exercise in elderly primary care patients. *Federal Practitioner* 2001; 18: 39-56.

Feinglass J, Pearce WH, Martin GJ, Gibbs J, Cowper D, Sorenson M, Khuri S, Daley J, Henderson WG. Postoperative and amputation-free survival outcomes after femorodistal bypass grafting surgery: findings from the Department of Veterans Affairs National Surgical Quality Improvement Program. *J Vasc Surg* 2001; 34: 283-90.

Feinglass J, Pearce WH, Martin GJ, Gibbs J, Cowper D, Sorenson M, Henderson WG, Daley J, Khuri S. Postoperative and late survival outcomes after major amputation: findings from the Department of Veterans Affairs National Surgical Quality Improvement Program. *Surgery* 2001; 130: 21-9.

Felker B, Katon W, Hedrick SC, Rasmussen J, McKnight K, McDonnell MB, Fihn SD. The association between depressive symptoms and health status in patients with chronic pulmonary disease. *Gen Hosp Psych* 2001; 23: 56-61.

Gerrity MS, Williams JW, Dietrich AJ, Olson AL. Identifying physicians likely to benefit from depression education: a challenge for health care organizations. *Med Care* 2001; 39: 856-66.

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